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August 4, 2006

DEPARTMENT OF ENERGY
OFFICE OF HEARINGS AND APPEALS

Hearing Officer's Decision

Name of Case: Personnel Security Hearing

Date of Filing: April 11, 2006

Case Number: TSO-0376

This Decision considers the eligibility of XXXXXXXX XXXXXXXX (hereinafter referred to as "the individual") to hold an access authorization under the regulations set forth at 10 C.F.R. Part 710, entitled "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material." As explained below, it is my decision that the individual should be granted an access authorization.

I. BACKGROUND

The individual is an employee of a Department of Energy (DOE) contractor, and is an applicant for an access authorization. The individual's May 2004 Questionnaire for National Security Positions (QNSP) and his background investigation indicated issues with the misuse of alcohol, alcohol treatment/counseling, and an alcohol related arrest. In September 2005, the DOE conducted a Personnel Security Interview with the individual (the 2005 PSI). The individual was evaluated in December 2005 by a DOE-consultant Psychiatrist (the DOE-consultant Psychiatrist), who issued a report containing his conclusions and observations.

In February 2006, the Manager for Personnel Security of the DOE area office where the individual is employed (the Manager) issued a Notification Letter to the individual. In this letter, the Manager states that the individual's behavior has raised security concerns under Section 710.8 (j) of the regulations governing eligibility for access to classified material. Specifically, with respect to Criterion (j), the Operations Office finds that the DOE-consultant Psychiatrist diagnosed the individual as meeting the criteria for "Alcohol Dependence, with Physiological Dependence, in

Early Full Remission" (hereinafter alcohol dependence) found in the *Diagnostic and Statistical Manual of the American Psychiatric Association, IVth Edition (DSM-IV TR)*. The Notification Letter also refers to following alcohol related events or incidents involving the individual:

(1) in May 2005, he participated in a 28-day inpatient treatment program for substance abuse (the 2005 inpatient program);

(2) on May 3, 2005, a physician employed at the individual's work site assessed him as being not fit for duty with a blood alcohol concentration of .096. This assessment was made after the individual had called in sick because he was hung over.

(3) in May 2002, the individual was arrested and charged with Driving While Intoxicated;

(4) from January 2002 to May 2002, the individual participated in a 10-week outpatient treatment program for alcohol dependence (the 2002 outpatient treatment program);

(5) the individual indicated at his 2005 PSI that from 2000 to 2005, he sought treatment for his alcohol use with numerous medical professionals who told him that he had a problem with alcohol and/or diagnosed him as alcohol dependent;

(6) During the 2005 PSI, the individual indicated that he initially realized that he was abusing alcohol and was alcohol dependent in 1995. He also acknowledged that he missed work approximately five times because he drank alcohol to excess the night before, and that both his spouse and his father have expressed concern over his use of alcohol.

Attachment to January 2006 Notification Letter at 1-2.

In March 2006, the individual requested a hearing to respond to the concerns raised in the Notification Letter. The requested hearing in this matter was convened in July 2006 (hereinafter the "Hearing"). In his written request for a hearing and in his testimony at the Hearing, the individual admitted that he has been a user of alcohol habitually to excess and was properly diagnosed as alcohol dependent. Accordingly, I find that the individual

properly was diagnosed with alcohol dependence subject to Criterion (j). The testimony at the Hearing focused chiefly on the individual's efforts to mitigate the concerns raised by this diagnosis through abstinence from alcohol and recovery activities.

II. REGULATORY STANDARD

In order to frame my analysis, I believe that it will be useful to discuss briefly the respective requirements imposed by 10 C.F.R. Part 710 upon the individual and the Hearing Officer. As discussed below, Part 710 clearly places upon the individual the responsibility to bring forth persuasive evidence concerning his eligibility for access authorization, and requires the Hearing Officer to base all findings relevant to this eligibility upon a convincing level of evidence. 10 C.F.R. §§ 710.21(b)(6) and 710.27(b),(c) and (d).

A. *The Individual's Burden of Proof*

It is important to bear in mind that a DOE administrative review proceeding under this Part is not a criminal matter, where the government would have the burden of proving the defendant guilty beyond a reasonable doubt. The standard in this proceeding places the burden of proof on the individual. It is designed to protect national security interests. The hearing is "for the purpose of affording the individual an opportunity of supporting his eligibility for access authorization." 10 C.F.R. § 710.21(b)(6). The individual must come forward at the hearing with evidence to convince the DOE that restoring his access authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). *Personnel Security Review (Case No. VSA-0087)*, 26 DOE ¶ 83,001 (1996); *Personnel Security Hearing (Case No. VSO-0061)*, 25 DOE ¶ 82,791 (1996), *aff'd*, *Personnel Security Review (VSA-0061)*, 25 DOE ¶ 83,015 (1996). The individual therefore is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The regulations at Part 710 are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. 10 C.F.R. § 710.26(h). Thus, by regulation and through our own case law, an individual is afforded the utmost latitude in the presentation of evidence which could mitigate security concerns.

Nevertheless, the evidentiary burden for the individual is not an easy one to sustain. The regulatory standard implies that there is a presumption against granting or restoring a security clearance.

See *Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for the granting of security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990), cert. denied, 499 U.S. 905 (1991) (strong presumption against the issuance of a security clearance). Consequently, it is necessary and appropriate to place the burden of persuasion on the individual in cases involving national security issues. In addition to his own testimony, we generally expect the individual in these cases to bring forward witness testimony and/or other evidence which, taken together, is sufficient to persuade the Hearing Officer that restoring access authorization is clearly consistent with the national interest. *Personnel Security Hearing (Case No. VSO-0002)*, 24 DOE ¶ 82,752 (1995); *Personnel Security Hearing (Case No. VSO-0038)*, 25 DOE ¶ 82,769 (1995) (individual failed to meet his burden of coming forward with evidence to show that he was rehabilitated and reformed from alcohol dependence).

B. Basis for the Hearing Officer's Decision

In personnel security cases under Part 710, it is my role as the Hearing Officer to issue a decision as to whether granting an access authorization would not endanger the common defense and security and would be clearly consistent with the national interest. 10 C.F.R. § 710.27(a). Part 710 generally provides that "[t]he decision as to access authorization is a comprehensive, common-sense judgment, made after consideration of all relevant information, favorable and unfavorable, as to whether the granting or continuation of access authorization will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). I must examine the evidence in light of these requirements, and assess the credibility and demeanor of the witnesses who gave testimony at the hearing.

III. HEARING TESTIMONY

At the Hearing, testimony was received from nine persons. The DOE presented the testimony of the DOE-consultant Psychiatrist. 1/ The individual, who was represented by counsel, testified and

1/ As indicated by the testimony of the DOE-consultant Psychiatrist (TR at 13-15) and by his curriculum vita (DOE Hearing Exhibit No. 4), he clearly qualifies as an expert witness in the area of alcohol and substance abuse.

presented the testimony of the clinical psychologist who directs the employee assistance and fitness for duty programs at his workplace (the EAP psychologist), his alcohol counselor, 2/ the program director of his 2005 inpatient treatment program (the inpatient program director), his AA sponsor, his wife, his supervisor and a social friend.

A. The DOE-Consultant Psychiatrist

The DOE-consultant Psychiatrist testified that in December 2005 he met with the individual for an evaluation concerning the individual's alcohol problems. He stated that prior to the evaluation, he reviewed the individual's personnel security file that was provided to him by the DOE. He also obtained and reviewed the individual's medical records. He then conducted an extensive interview with the individual, and administered a variety of psychological and laboratory tests. TR at 15-17. He testified that he concluded from his evaluation that the individual suffered from alcohol dependence.

Actually, that [diagnosis] was pretty straightforward, because half a dozen or more previous professionals had made the same diagnosis, and [the individual] himself felt that that was the diagnosis that fit his problems.

I specified that his alcohol dependence was at one time so severe that it caused him to become physically dependent on alcohol, [so] I appended the specifier alcohol dependence with physiological dependence, again as most of the previous evaluators had done as well.

TR at 17. The DOE-consultant Psychiatrist characterized the individual as making largely unsuccessful efforts to rehabilitate himself from 2000 until he entered his 2005 inpatient treatment program.

. . . he had one fairly protracted period of sobriety in 2002, after he started to get treatment in 2000, but generally had a sputtering course of trying to maintain his sobriety, tried different types of treatment, kept coming back to try to get sobriety, but was basically

2/ As indicated by their testimony (TR at 43-44, 49-50, and 127-128), the EAP psychologist and the individual's alcohol counselor qualify as expert witnesses in the area of treating alcohol dependence.

unsuccessful in those early years, until he kind of hit bottom with his episode at work on May 2nd 2005, and subsequent inpatient treatment.

TR at 20. The DOE-consultant Psychiatrist testified that the individual's reported sobriety date was May 2, 2005. He characterized this date as believable because it was just before he entered his inpatient treatment program.

Hopefully, if these treatment programs are worth all the money and are as effective as they say, with their trained staff and large amounts of time, you'd expect that once somebody went into that program that they would indeed have a much better chance of maintaining their sobriety during it and after it.

TR at 23-24. The DOE-consultant Psychiatrist testified that the individual appeared to be truthful in acknowledging the treatments and failures in his alcohol history, and that his consumption of alcohol leading to his diagnosis of alcohol dependence was "pretty much self-reported." TR at 24. He stated that

At the time I saw [the individual], he already had about seven months of sobriety, and as I noted in my report, I didn't notice much denial at that time. In a sense, he acknowledged that he had a problem, but now was in the process of taking care of it.

TR at 24. He further indicated that at the time of his December 2005 evaluation, the individual's laboratory tests were within normal range,

so those were consistent with his statement that he had maintained his sobriety for seven months before seeing me.

TR at 28-29.

Based on his diagnosis, the DOE-consultant Psychiatrist made recommendations in his Report concerning what the individual needed to do to demonstrate rehabilitation and reformation from his alcohol dependence. He testified that the individual could demonstrate rehabilitation and reformation by abstaining from all use of alcohol for twelve months, and by continuing his current treatment program, which the DOE-consultant Psychiatrist described as "especially admirable." TR at 26.

Following the [2005 inpatient program], he did an intensive outpatient program with [the individual's alcohol counselor]. He was kind of a poster child for AA participation when I saw him, in that he was doing almost daily meetings - I think up around six a week. He had obtained a sponsor.

His outpatient program, therefore, was much more than I usually set as a standard. I usually would mention at least once-a-week participation, and he had gone far above that.

TR at 27.

After listening to the testimony of the individual and his witnesses, the DOE-consultant Psychiatrist concluded that the individual had demonstrated rehabilitation and reformation from alcohol dependence. He stated that the individual's gamma GT liver enzyme readings for June 2005, December 2005 and May 2006 are compatible with the individual's assertion that he stopped drinking in May 2005 and has maintained his sobriety since that time. TR at 204-206. He stated that the individual articulated at the Hearing

A very mature expression of his sobriety. It sounds like he's doing all the right things.

TR at 207.

The bottom line is I try to be consistent with what I say in my report, and I recommended a one-year program beginning May 2nd [2005], and it sounds like he's done that very well. He's now a year and two months in that program, sounds like he's participating very well, sounds like his prognosis is great. So I guess I'd conclude by saying that it does look like at this point in time there is adequate evidence of rehabilitation or reformation from this alcohol dependence problem.

TR at 209. The DOE-consultant Psychiatrist also stated that the individual's risk of relapse now is low. TR at 210.

B. The EAP Psychologist

The EAP psychologist testified that he first met the individual in January 2001 when the individual came to him for assistance. TR at 53. He stated that he was concerned from the beginning by the individual's alcohol use. He stated that the individual's

willingness to acknowledge his alcohol problem was transient until he completed his May 2005 inpatient treatment program, and since then his acknowledgment of his alcohol problem has been total. TR at 53-54.

I think his commitment to sobriety has been profound since he left that treatment program, as shown by his participation in AA, multiple meetings a week, sometimes multiple meetings a day, his work with his [AA] sponsor, his work with . . . the outpatient counselor here in town who speaks very positively about him.

TR at 55. He stated that since June 2005, the individual has been subjected to twice weekly alcohol and drug testing in the workplace, and that all of the results have been negative. TR at 46. He stated that he has been meeting with the individual on a monthly basis since June 2005 as part of the individual's fitness for duty requirement, and that in their recent conversations the individual has discussed the importance for him to maintain his sobriety, and that the individual is cautious in his approach to maintaining sobriety. He characterized the individual's risk of relapse as "very low." TR at 55-56.

C. The Individual's Alcohol Counselor

The individual's alcohol counselor testified that the individual enrolled in his outpatient treatment program in June 2005, several days after completing his 2005 inpatient treatment program. He stated that the individual successfully completed his 12 week outpatient treatment program and regularly attends a weekly aftercare group session. TR at 140-146. He testified that

I see in him a real desire to never use alcohol again, and I believe that he's connected not only to the [aftercare] group, he's connected to me as well. . . . I think he incredibly embraces recovery, and it's like a hobby, it's something that he really enjoys and really wants to keep going, and he really has a desire to help other people.

TR at 147. The alcohol counselor recommended that the individual continue his involvement in AA. TR at 137. He stated that he continued to hold the views that he provided in a May 30, 2006 letter to the Hearing Officer, in which he stated that he has seen no indication that the individual has used alcohol since June 2005 and has no concerns with regard to the individual's susceptibility of relapse. TR at 132.

D. The Inpatient Program Director

The inpatient program director testified that since October 2004, he has been the program director for the inpatient program that the individual completed in early June 2005. TR at 151. He stated that he did not have direct contact with the individual during his participation in the program, but that he reviewed the individual's progress in treatment during weekly staff meetings. TR at 158. He stated that at the request of the individual's counsel, he reviewed the individual's file, and concluded that the individual successfully completed his inpatient program. He stated that the statement on the individual's discharge document that he left treatment "against clinical advice" was incorrect. TR at 155-157.

E. The Individual's AA Sponsor

The individual's AA sponsor testified that he has been sober since 1986 and considered having a sponsor to be a recommended tool for maintaining sobriety through AA.

I'd say it's recommended. I guess I've heard of people who stayed sober without it, but if you don't have somebody to check in with and work with, your probabilities are probably less.

TR at 74. He stated that he and the individual meet weekly and are "working our way through the [12] steps again." TR at 76-77. He stated that he believes that the individual has made a commitment to AA, and that as long as the individual continues with AA,

I'm very confident he won't drink anymore. I think he's in the community.

TR at 77. He stated that the individual has been "a joy" to sponsor, and that their relationship will continue as long as the individual wants it. TR at 86-87.

F. The Individual

The individual testified that the history of his misuse of alcohol reported by the DOE-consultant Psychiatrist was accurate, and that he had made an effort to be forthcoming in providing information to the DOE-consultant Psychiatrist and the DOE security investigators. TR at 167. He stated that he has not consumed alcohol since May 2, 2005. TR at 168. He stated that on the last day that he consumed alcohol, which was a Sunday, he already had made arrangements to go

to inpatient treatment later that week, and may have consumed more than usual.

From what I understand now, it's not real uncommon for people to kind of go on a bender before they go into treatment. I didn't plan on not being able to make it to work [on Monday], but that was the result.

TR at 168. He stated that he arranged for inpatient treatment because

It was obvious that doing it on my own wasn't working and I needed some help, things weren't getting any better.

TR at 169. He stated that health concerns, including liver problems, an inflamed pancreas, and high blood pressure, and concern for keeping his job helped motivate him to seek treatment. TR at 170. He testified that when he was unable to go to work on May 2, 2005, his employer's staff doctor and his supervisor arranged for him to be admitted to a hospital for detox. After three days of detox, he spent one night at home and then left for his inpatient treatment program. TR at 172-173.

He stated that the hospital detox followed by an inpatient program removed him from his situation enough so that he could seriously address his sobriety.

In the 28-day program . . . it was kind of an AA tool-gathering boot camp. You're bombarded with it. You get it ten hours a day. Your schedule is real regimented. You go to the same groups, you hear lectures on different topics [such as] relapse prevention, sponsors, resentments, anger, fears, all these things that people who are addicts need to address.

TR at 198-199.

The individual testified that since his detox and inpatient program, he has had no cravings for alcohol or urges to drink although he expects them to occur at some point.

No. In a way, that almost worries me, because I haven't [had cravings for alcohol], because it's going to happen. I'm not naive in that regard, but I really haven't had any problem. The obsession, I've been relieved. I can't explain that. It's just that simple.

TR at 175. He stated that if he experienced cravings, he would contact his AA sponsor or other people in AA.

My program is really a preventive/preemptive kind of situation. I haven't had any terrible urges or cravings, but I'm told I will someday. So that's why I go to so many meetings, that's why I interact, that's why I participate, is to get these emotions out and address certain situations or emotions that I'm feeling that have caused me to drink in the past, before I get to that point to where there is a drink in front of me and I'm thinking about picking it up or before I'm getting in the car to go to the liquor store.

TR at 177. He stated that the EAP psychologist and his supervisor also are people he can talk to if he has the urge to drink. TR at 178. He also stated that he has learned to adopt preemptive techniques such as keeping a non-alcoholic beverage in hand when he is in social situations where alcohol is served. TR at 183-185.

The individual testified that he intends to maintain complete abstinence from alcohol in the future. TR at 179. He stated that physically, mentally and emotionally, his sobriety has brought many benefits. He stated that he feels brighter, more dynamic, more outgoing, and more alert, and that his memory and self-esteem have significantly improved. TR at 180.

The individual stated that he enjoys going to AA and that he plans to continue his active involvement in it. TR at 189-190. He stated that he also enjoys the aftercare group sessions run by his alcohol counselor. TR at 190. He also stated that he has achieved a spiritual awakening through AA that helps to support his sobriety. TR at 195.

G. The Individual's Wife

The individual's wife testified that she has known the individual for about twenty years and has been married to him for eleven years. TR at 99. She stated that the individual's drinking got much heavier after a traumatic family event that occurred in 2000. TR at 100. She stated that from 2000 until early 2005, she tried to talk to the individual about his drinking and to support his unsuccessful efforts at sobriety. TR at 103-105. She stated that since he attended the 2005 inpatient program his life has "blossomed."

He's a much fuller person. He's all there, all the time. He's a happier person. He's more there for me. He's happy in all his endeavors. He's happy to go to work, and he's happy to do what he loves to do, fishing, hunting, gardening.

TR at 106. She testified that she can always tell if the individual is drinking, and believes that she would know if he had a drink. TR at 107. She stated that when the individual was drinking heavily, he was "more of an at-home drinker." TR at 110. She believes that the individual is truthful when he states that his last alcoholic beverage was in May 2005 prior to his inpatient program. TR at 107 and 110. She stated that she does not consume alcohol at home or in the individual's presence, and that they keep no alcohol in their home. TR at 109. She testified that in social situations where alcohol is available, the individual doesn't drink.

It's become such a nonissue for him, that I don't worry about him.

TR at 108. She stated that if the individual were having a problem with alcohol, she would contact his AA sponsor and his alcohol counselor. TR at 108. She stated that she believes that he has truly embraced sobriety. TR at 112.

H. The Individual's Supervisor

The individual's supervisor stated that he has worked with the individual for five or six years and has supervised him for about three-and-a-half years. TR at 59-60. He stated that he supervises the individual in his technical work and also has acted as his line manager and been responsible for his performance evaluations. TR at 60. He stated that he does not see the individual outside of the workplace. TR at 61.

The individual's supervisor testified that before the individual entered his 2005 inpatient program,

it seemed to me that he was doing very well and that things were going quite well. However, since [the inpatient program], it's clear that he's capable of a great deal more, because he's been doing much higher quality or productivity of work since then.

TR at 62. He stated that in early May 2005, when the individual called him and stated that he was too hung over to come to work,

I went to his house at his request and helped him get to Occupational Medicine, and took him down to [the hospital for detox].

TR at 68

He stated that he has not been aware of the individual having any alcohol problems since May 2005, and that he is an extremely valuable employee. TR at 64. He described his current knowledge of the individual's rehabilitation as follows:

He's acknowledged his dependence on alcohol and his commitment to living without it and to be productive and finding the full range of his capacities in our programs. He's very dedicated to exploring this new person that he's found and seeing how good of an employee . . . he can be.

TR at 68.

I. The Individual's Social Friend

The individual's social friend testified that he moved next door to the individual in July 2005 and has known him since then. TR at 118. He stated that he and the individual have developed a social relationship based on their mutual interest in gardening, hunting and fishing. TR at 119. The social friend stated that he stopped consuming alcohol about twenty years ago for health reasons. He stated that when he and the individual go on hunting and fishing trips, they both consume soda. He stated that they have been hunting on three occasions and gone fishing once. TR at 120-121. He stated that he also has observed the individual at neighborhood barbecues where alcohol is served. He stated that he has never witnessed the individual consume alcohol. TR at 122.

IV. ANALYSIS

The individual believes that he has demonstrated rehabilitation from his diagnosis of alcohol dependence by following the advice of the DOE-consultant Psychiatrist, abstaining from alcohol since May 2, 2005, and by actively participating in alcohol counseling and AA. In addition, he asserts that he has learned to identify and manage the emotions that can lead to the urge to drink, that he has a strong support network to assist him in maintaining sobriety, and that he has acquired skills for avoiding alcohol in social situations where it is present. Finally, he asserts that he has a strong commitment to maintain his sobriety and to continue his AA

involvement in the future. For the reasons stated below, I conclude that the individual's arguments and supporting evidence mitigate the Criterion (j) security concern identified in the Notification Letter.

The testimony at the Hearing indicated that the individual has been abstinent from alcohol since May 2, 2005. The testimony of the individual's alcohol counselor, the EAP psychologist, the individual's AA sponsor, the individual's wife and the individual's social friend supports the individual's assertions concerning his abstinence. In addition, the individual has been subjected to random alcohol and drug testing on a twice weekly basis throughout this period, and all of the test results have been negative. Finally, the DOE-consultant Psychiatrist testified that the individual's liver enzyme tests taken in June 2005, December 2005 and May 2006 are compatible with the individual's having maintained his sobriety since May 2, 2005. I therefore find that the individual has been abstinent from alcohol since May 2, 2005, a period of more than fourteen months as of the date of the individual's Hearing.

In their testimony at the Hearing, both the DOE-consultant Psychiatrist and the EAP psychologist agreed that the individual's sobriety and counseling activities constitute rehabilitation from his diagnosis of alcohol dependence. The individual's alcohol counselor also indicated that he considered the individual's risk of relapse to be low. In the administrative review process, it is the Hearing Officer who has the responsibility for forming an opinion as to whether an individual with alcohol problems has exhibited rehabilitation or reformation for purposes of Part 710. See 10 C.F.R. § 710.27. The DOE does not have a set policy on what constitutes rehabilitation and reformation from alcohol diagnoses, but instead makes a case-by-case determination based on the available evidence. In making this determination, Hearing Officers properly give a great deal of deference to the expert opinions of Psychiatrists and other mental health professionals. See, e.g., *Personnel Security Hearing (Case No. VSO-0027)*, 25 DOE ¶ 82,764 (1995) (finding of rehabilitation); *Personnel Security Hearing (Case No. VSO-0015)*, 25 DOE ¶ 82,760 (1995) (finding of no rehabilitation).

The DOE-consultant Psychiatrist asserted that in his testimony at the Hearing, the individual articulated a very mature expression of his sobriety, and that he appears to be doing "all the right things" to maintain that sobriety. He concluded that the individual is now rehabilitated and that his risk of relapse is low. The EAP Psychologist testified that the individual's

completion of his inpatient program, his acknowledgment of his alcohol problem and his commitment to sobriety have been total. He characterized the individual's risk of relapse as very low. The individual's alcohol counselor essentially concurred in these conclusions.

I agree with the findings of the DOE-consultant Psychiatrist, the EAP Psychologist, and the individual's alcohol counselor. As noted above, my positive assessment of the individual's demeanor and of the evidence presented at the Hearing convince me that the individual has maintained his sobriety since May 2, 2005, and that he has committed himself to maintaining sobriety through ongoing involvement with AA. The individual's testimony convinces me that he has gained emotional insights, learned coping techniques and constructed a sobriety support system that will greatly reduce the risk of an alcoholic relapse. These positive developments are significant factors which indicate rehabilitation and reformation from his alcohol dependence. They convince me that the medical experts are correct in concluding that the individual is rehabilitated from his alcohol dependence and that his future risk of being involved in alcohol-related problems is not unacceptably high for someone holding an access authorization. 3/

Accordingly, I conclude that it now is appropriate for the individual to be granted an access authorization.

V. CONCLUSION

For the reasons set forth above, I find that the individual suffered from an alcohol dependence subject to Criterion (j).

3/ I believe that this finding is in accordance with the recently issued revision of the "Adjudicative Guidelines Approved by the President in Accordance With the Provisions of Executive Order 12968", that were originally published as an appendix to Subpart A of the Part 710 regulations at 66 Fed. Reg. 47061 (September 11, 2001). The revised Adjudicative Guidelines provide that security concerns raised by an individual's alcohol dependence can be mitigated by the individual's successful completion of inpatient or outpatient counseling, by the individual demonstrating a clear and established pattern of abstinence in accordance with treatment recommendations, and by receiving a favorable prognosis from a duly qualified medical professional. See Adjudicative Guidelines for Determining Eligibility for Access to Classified Information, <http://www.archives.gov/isoo/pdf/hadley-adjudicative-guidelines.pdf> (December 29, 2005).

Further, I find that this derogatory information under Criterion (j) has been mitigated by sufficient evidence of rehabilitation and reformation. Accordingly, after considering all of the relevant information, favorable or unfavorable, in a comprehensive and common-sense manner, I conclude that the individual has demonstrated that granting him access authorization would not endanger the common defense and would be clearly consistent with the national interest. It therefore is my conclusion that the individual should be granted an access authorization. The individual or the DOE may seek review of this Decision by an Appeal Panel under the regulation set forth at 10 C.F.R. § 710.28.

Kent S. Woods
Hearing Officer
Office of Hearings and Appeals

Date: August 4, 2006